



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 120410		2. Name of Corporation OCEAN PHARMACY CHARLESTOWN, INC.			
3. Street Address Principal Business Office 3986 Old Post Road			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401 364 0900		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Pharmacy					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Campbell			Vice President Name Kathleen Kettle		
Street Address 11 Starflower Court			Street Address 5 Wolfe Court		
City Wakefield	State RI	Zip 02879	City Coventry	State RI	Zip 02816
Secretary Name Scott Campbell			Treasurer Name Kathleen Kettle		
Street Address 11 Starflower Court			Street Address 5 Wolfe Court		
City Wakefield	State RI	Zip 02879	City Coventry	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott Campbell			Director Name Kathleen Kettle		
Street Address 11 Starflower Court			Street Address 5 Wolfe Court		
City Wakefield	State RI	Zip 02879	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares		Class/Series		Par Value	
1,000		common		no par	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

MAR 01 2011

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Kathleen Kettle Date 2-11-2011

Print or Type Name Kathleen Kettle  
Title Vice President

File Date \_\_\_\_\_ BY J.M.D.  
Check No. \_\_\_\_\_ 138691  
By: \_\_\_\_\_  
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